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SUBJECT: KUWAITI PREPARATIONS FOR AVIAN INFLUENZA

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**¶1.** (U) SUMMARY On October 17, Emboffs met with officials of the Department of Public Health (DPH) to discuss the GOK's preparations for a possible Avian Influenza (AI) outbreak in Kuwait. A recently formed committee has been charged with formulating the GOK's preparations to combat AI. The committee is tasked to present a comprehensive plan to the Prime Minister within three weeks' time. DPH believes that Kuwait is at "high risk" for a pandemic both because of the large number of expatriate workers from Asia and the extensive international travel common to Kuwaitis. At this time the GOK does not have any supplies of Tamiflu (the anti-viral drug used to treat AI) but has on order doses for one million people. END SUMMARY

**¶2.** (U) On October 17, Econcouns, Medoff, and Econoff (notetaker) met with Director of Public Health Dr. Rashed Al-Owaish and Head of the Communicable Disease Control Unit Dr. Mussab Al-Saleh of the Department of Public Health to discuss the GOK's preparations for a possible Avian Influenza (AI) outbreak in Kuwait. Al-Owaish explained that he heads a committee comprised of himself, Al-Saleh (who is the committee coordinator), the Director of the Public Health Laboratory, the head of the Infectious Disease Hospital, the Director of the Ambulance Service, a representative from the private hospitals in Kuwait, and two representatives from the drug industry. This committee is charged with planning and coordinating the GOK's preparations for, and response to, any AI outbreak. The committee, which has met twice within the last week and had another meeting scheduled for October 18, uses WHO guidelines for responding to an epidemic as well as the GOK's 2003 experience in preparing for bio-warfare, and later for Sudden Acute Respiratory Syndrome (SARS). Al-Owaish said he anticipates the creation "soon" of a higher level AI committee organized by the Cabinet of Ministers and staffed by all major ministries at the undersecretary level.

**¶3.** (U) Both Al-Owaish and Al-Saleh agreed that Kuwait is at a "high risk" for AI, citing the high number of expatriate workers (about 60% of the population, many of them from Asia) and the frequency with which Kuwaitis travel. To that end, once the WHO declares a Stage 1 pandemic, cameras and infrared temperature monitors, previously used during the SARS outbreak, will be re-deployed at the airport. Travelers on flights originating from affected countries, as well as those with passports indicating travel to those same countries, will receive additional screening. Al-Saleh said that the PM is seriously concerned about AI, especially the economic impact on government services and Kuwait's oil industry if large numbers of workers get sick. Al-Owaish stated that the PM's interest ensures that the committee's planning recommendations are likely to be adopted.

**¶4.** (U) Al-Saleh estimated that an AI pandemic in Kuwait would likely affect 900,000 people overall, with 400,000 needing medical attention, as many as 9,000-12,000 requiring hospitalization, and up to 3,000 deaths. He said that

Kuwaiti hospitals currently have about 4,700 beds (80% in government hospitals) and that the capacity could be pushed to 6,000 beds by using the Ambulance Service's medical tents.

Responding to Medoff, Al-Saleh said that Kuwaiti hospitals have very few rooms with "negative flow" ventilation and a relatively small number of isolation rooms in Intensive Care Units (ICU); there are about 650 ICU beds in Kuwait.

Although the number of beds is well below his own projection of the number of potential persons needing hospitalization, Al-Saleh insisted that the Kuwaiti hospital system can handle a pandemic with a quarantine and at-home treatment supplementing the hospitals.

**¶15. (U)** Responding to Econcouns's query about what preparations are now underway, Al-Saleh said that the committee is working on a public information campaign composed of Arabic language brochures and also preparing lectures for doctors and other medical personnel. Econoffs suggested that brochures in English would be useful as well, given that most of Kuwait's residents speak more English than Arabic. Additionally, the committee is formulating quarantine and treatment protocols by which hospitals can process affected patients in the most efficient way. Al-Saleh said that DPH epidemiologists are resident in each hospital and that initial cases would be sent to the Infectious Disease Hospital for quarantine. If and when the Infectious Disease Hospital reaches capacity, each hospital would establish an isolation ward; Al-Saleh said that designating specific hospitals as AI-only would upset Kuwaitis who likely would demand that they be allowed to go to the nearest hospital regardless of its designation.

**¶16. (U)** Al-Owaish said that the GOK does not have any Tamiflu stocks at present but has ordered 10 million tablets, enough to treat 1 million patients. However, because of the worldwide shortage of AI anti-viral drugs he does not expect to receive the drugs until June 2006. Because of this delay, Al-Owaish said, the committee intends to propose that the GOK order the drug Relenza, which has been effective in some cases and is more widely available. Al-Saleh reiterated that the PM is very interested in the response planning, and said that the initial proposal was for buying 6 million tablets, and that the PM told them to "make it 10 million." Additionally, Al-Saleh said that Kuwait is in line for the AI vaccine that is being developed and has 5 million doses on order. Al-Saleh worried that, in the event of a serious pandemic and a continued shortage of anti-viral drugs, AI might come to be seen as a national security issue, and that some countries may declare all drugs and vaccines produced in those countries for domestic use only, severely restricting the ability of nations without pharmaceutical industries to obtain medications. He said that both Germany and France, traditional medical suppliers for Kuwait, have banned export sales in the past due for national security reasons.

**¶17. (U)** Reflecting reftel concerns, Econcouns noted GOK's preparations for educating the general public as well as health care professionals; and the committee's plans to test, isolate, and report suspected AI cases to the WHO and other responsible international bodies promptly. When asked what obstacles he sees to the GOK's response, Al-Saleh noted his concern that medical professionals may downplay the seriousness of an AI pandemic, which would hamper efforts to coordinate quarantines. He related that some doctors think the DPH is "crying wolf" about health threats, particularly after stockpiles of anthrax vaccines (obtained prior to the Iraq invasion) were never used, and because SARS was a non-event in Kuwait despite DPH warnings. Al-Saleh also said that he was concerned about panic among the general population should an outbreak occur.

**¶18. (U)** Econ/C asked what help the USG might provide. Both officials were primarily concerned with the availability of drugs. Al-Owaish asked that the U.S. help speed their order of Tamiflu, press for a suspension of IPR protections to allow generic firms to manufacture Tamiflu, and to share U.S. stockpiles of the drug. Al-Saleh also said that any planning assistance from CDC would be welcome.

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